



# RESIDENTIAL SEWER LATERAL REPAIR PROGRAM APPLICATION

## Department of Public Works

10 N. Bemiston Ave. • Clayton, Missouri 63105 • Phone (314) 290-8540

- All repairs shall be permitted through the City of Clayton and be in-compliance with Metropolitan St. Louis Sewer District regulations.
- Application shall include...
  - Proposal from a Licensed Master Plumber/Drainlayer verifying the need for the sanitary sewer lateral repair, and the location of the repair.
  - A **DVD** showing the need for repair.
  - A paid tax receipt; for proof that the property owner has paid into the program.
  - A Right-of-Way Permit, if work will be completed on the City's Right-of-Way.
- The following items are required to be submitted following the work before any reimbursement would be processed. Failure to submit these required documents within a year following initial application will result in the application being voided.
  - Line item invoice marked paid in full
  - Lien Waiver
- For additional information regarding the program, including reimbursement eligibility, please refer to [www.claytonmo.gov/pw](http://www.claytonmo.gov/pw) and select "Sewer Lateral Program" from the menu on the left.
- City of Clayton, Missouri, Ordinance No. 5646, Establishing a Fee for the Repair of Lateral Sewer Service Lines, Passed September 11, 2001.
- If working in the City's right-of-way or blocking streets or alleys, contact the Public Works Department at (314) 290-8540 or [dschlereth@claytonmo.gov](mailto:dschlereth@claytonmo.gov)
- Please contact the Planning & Development Department for Building Permits, Mechanical Permits and Plumbing Permits at (314) 290-8452 or [kaubuchon@claytonmo.gov](mailto:kaubuchon@claytonmo.gov)
- Applicants will be eligible to receive reimbursement based on the current Residential Sewer Lateral Repair Program Policy at the time of application. All required information shall be submitted within 1 year of the initial application date ("application date" below) or the application will be voided.

Application Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
Address (if different than property address): \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Emergency# \_\_\_\_\_

Name & Phone Number of Plumbing Contractor \_\_\_\_\_

Has MSD been contacted? ☐ Yes ☐ No

Has the line been dye tested? ☐ Yes ☐ No

Has the main been videotaped? ☐ Yes ☐ No

Where is the repair? ☐ Yes ☐ No

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

For Office Use Only:

Final Acceptance Date: \_\_\_\_\_ Initials: \_\_\_\_\_